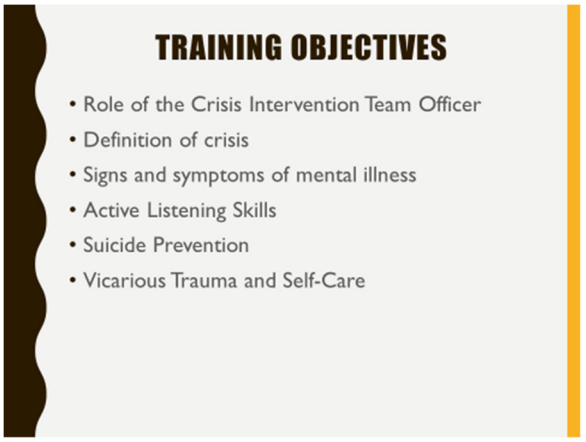
Cleveland Division Of Police
8-Hour Telecommunicator Training
Instructor Manual: Crisis Intervention Team Training

Slide 1-Title
•Welcome participants, introduce yourself and the topic.

Slides 2-3 Training Goal and Objectives
•State training goal is to learn how to effectively communicate with people in crisis.
•Review the learning objective with the participants.
•State training session will include videos, audio tapes, and role plays.

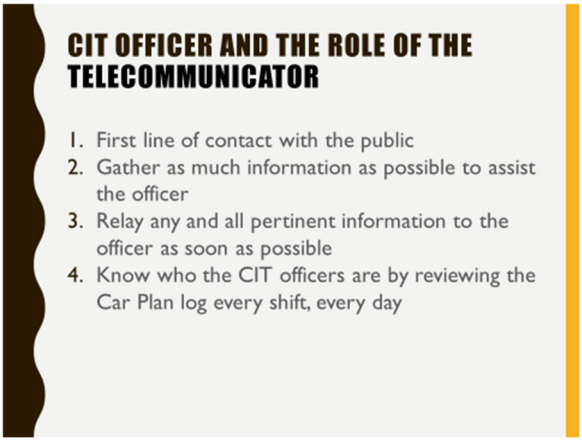


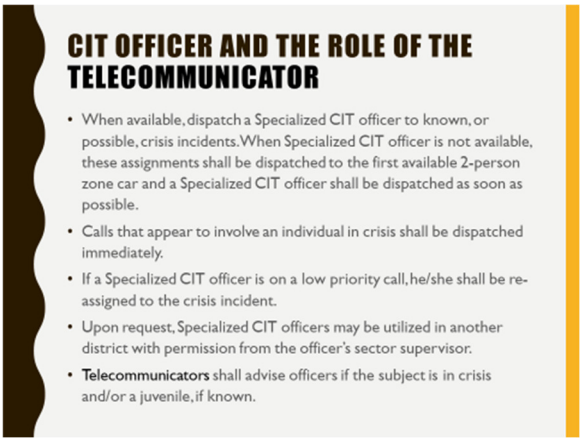
Slide 4-CIT Definition

•State the CIT definition, per CIT International.
•Emphasize CIT provides officers with strategies when engaging with people in crisis.
•Goal is to provide safety for all with appropriate referral/access to community resources/heath care system.

Slides 5-6 CIT Officer and the Role of Telecommunicator

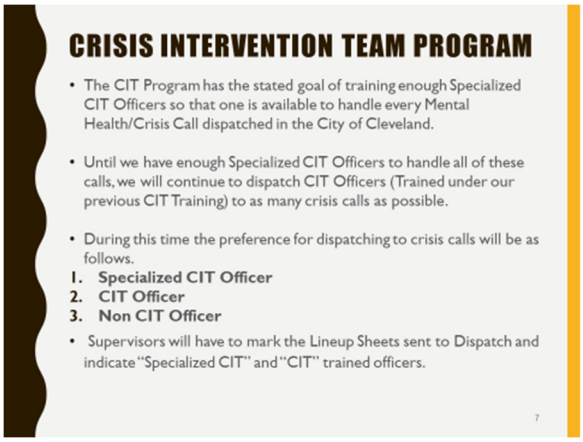
•Emphasize the importance of the telecommunicator gathering as much information as they can to relay to the officer.
•Their role is critical in getting accurate and timely information when interacting with the public.
•They should know who the CIT officers are by reviewing the Car Plan log every day, every shift.
•Review their role per the Crisis Intervention Team Response Policy.





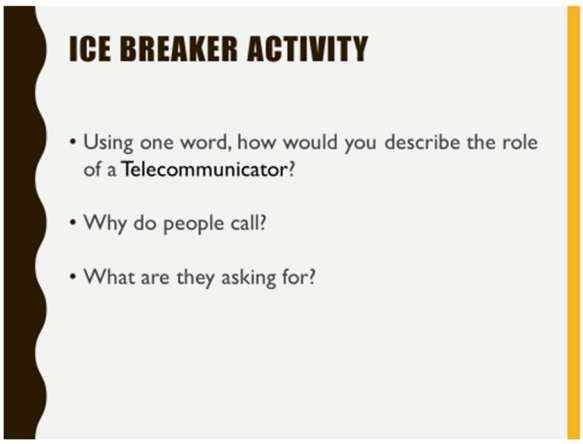
Slide 7-Crisis Intervention Team Program

•Review bullet points related to the CIT Program.
▪Review Cleveland's CIT policies at this time and hand out the policy to the group.



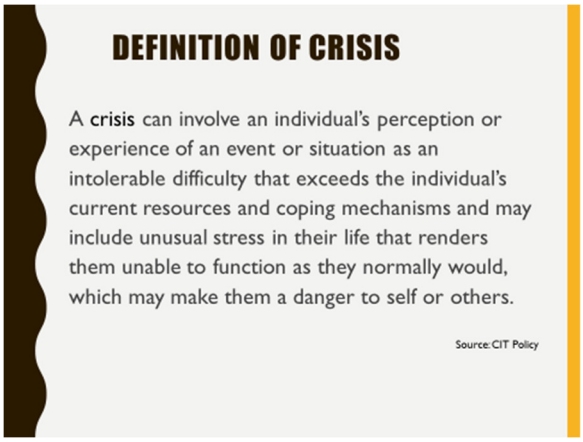
Slide 8-Ice Breaker Activity

Activity: Ask participants the following questions:
1) Using one word, how would you describe the role of a telecommunicator?
Anticipated responses: glorified secretary, director, helper
2) Why do people call?
Anticipated responses: for help, they're lonely, emergency
3) What are they asking for?
Anticipated responses: information, want help, resources
•Discuss responses.
•This activity will explore how they view themselves and their role as a telecommunicator.
•It will also explore their perception of why people call and what they are asking for.



Slide 9-Definition of Crisis

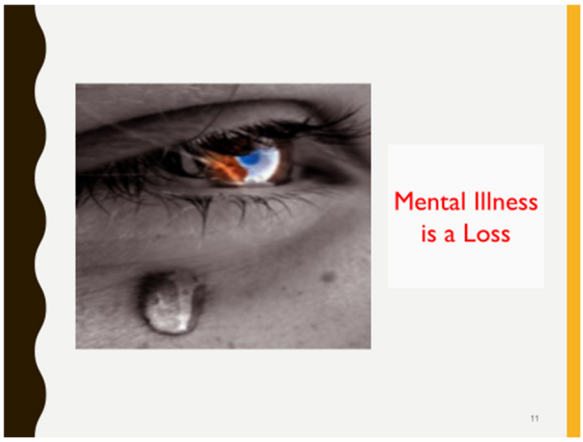
•Instructor to ask participants how they define crisis.
•Ask them to think about a time they experienced a crisis. How did they feel?
Anticipated responses: scared, overwhelmed, stressed
•How did they handle the situation?
Anticipated responses: sought support from others (professional/informal)
•Discuss reponses.
•Share and discuss the crises definition and how it relates to the calls they receive daily.
•**Slide Notes**: Emphasize that a *crisis is unique to that person, no two crises are alike, it could happen at any time, and it is insurmountable for that person to overcome.*



Slide 10-Mental Illness: The Facts

▪State mental illness facts (source: nami.org)
▪Give hand-out titled **Mental Illness in America** from www.nami.org.
▪Refer to hand-out and review the statistics and state each bullet point:
▪*One in five people suffer from Mental Illness*
Instructor have group process that number and understand how prevalent mental illness is.
▪*It can occur at any age*
State children can be diagnosed with mental illness we will discuss those statistics later on in the training.
▪*It's not directly related to income, race, socio-economic status, region, etc.*
Instructor state mental illness does not discriminate, it can affect anyone. We need to help de-stigmatize mental illness by educating others that mental illness does not affect one group of people.
▪*It can be treated but not cured.*
Instructor state that mental illness is like any other medical condition (i.e. diabetes, asthma, high blood pressure). People do recover and can manage their illness if in treatment and following their plan of care.
▪*It can be a frequent cause of disability, poverty, crime and early death.*
Instructor state these things can occur when person non-compliant or not actively in treatment. These are the individuals that call them daily.
▪Discuss prevalence and acknowledge that participants may also have personal experience as it relates to mental illness (i.e. friends, family members, etc.)

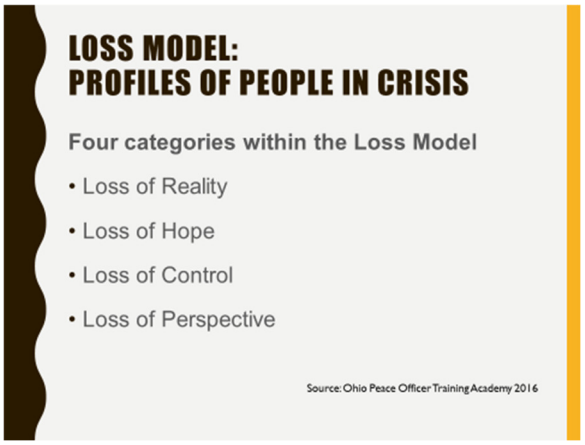
Slide 11 Loss Model: Profiles of People in Crisis



▪Introduce the Loss Model. State developed by OPOTA (Ohio Peace Officer Training Academy).
▪**Slide Notes**: The Loss Model is a way of recognizing signs and symptoms from a non-clinical perspective. It provides de-escalation strategies for each encounter you may face.

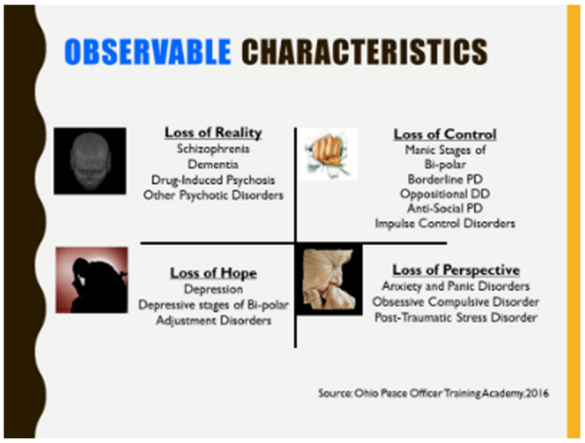
Slide 12 Loss Model: Profiles of People in Crisis

▪**Slide Notes**: The Loss Model is a way of recognizing signs and symptoms from a non-clinical perspective. It provides de-escalation strategies for each encounter you may face.



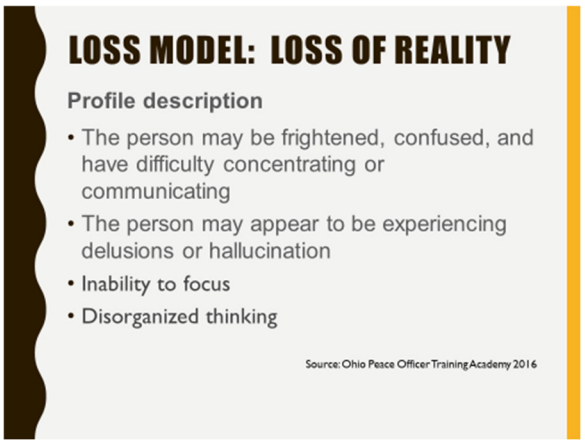
Slide 13-Observable Characteristics

▪Review the diagnosis for each profile.
▪Purpose is to familiarize participants with diagnosis and what profile category they fall under.
▪Re-emphasize the goal is to recognize signs and symptoms not the diagnosis.
▪Ask participants what their experience has been with the various mental illnesses listed? What do they already know?



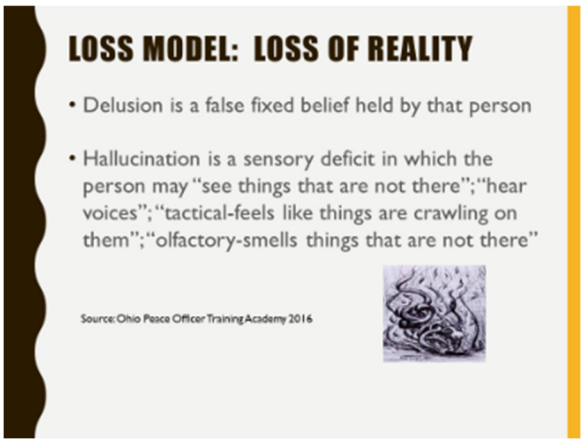
Slide 14-Loss Model: Loss of Reality

▪Introduce the Loss of Reality profile.
▪State each of the characteristics listed on the slide.
▪Ask participants: What does this look like to them as far as diagnosis?
Anticipated response(s): most often will say schizophrenia, possibly dementia



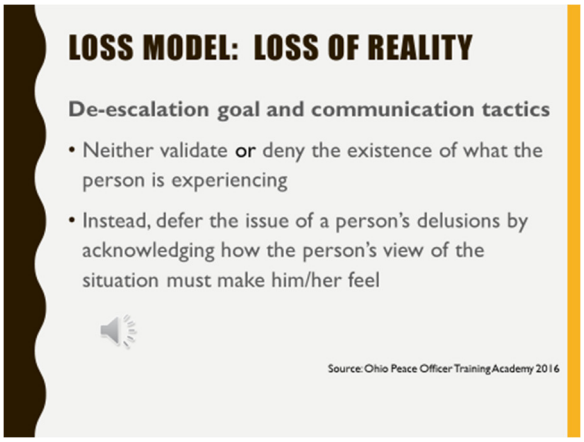
Slide 15-Loss Model: Loss of Reality

▪State the person with a loss of reality may experience delusions and hallucinations.
▪State definition listed on slide.
▪Ask participants to share examples of delusions and hallucinations based on calls they've received or other experiences.
Anticipated response(s) for delusions: "they" are out to get me, believing they are someone important/famous or married to someone famous (i.e. "I am the King of England", "I am married to Michael Jackson")
Anticipated response(s) for hallucinations: hearing voices, seeing things



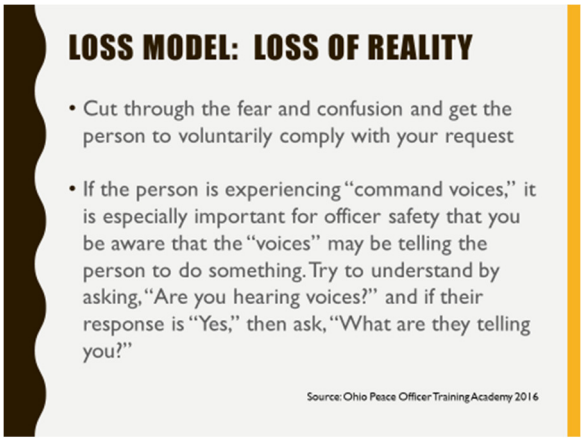
Slide 16-Loss Model: Loss of Reality

▪Review de-escalation and communication strategies when engaging with people who have a loss of reality.
▪Ask participants why it's important to neither validate or deny existence of what the person is experiencing.
Anticipated response(s): will escalate the situation, make the person angrier
▪**Activity**: Play listening tape.
▪**Debrief listening tape**: W*hat went well? What they would have done differently?*



Slide 17-Loss Model: Loss of Reality

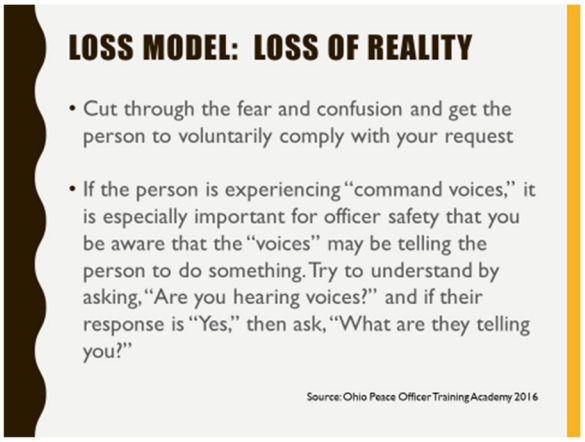
▪State de-escalation techniques.
▪Cut through the fear by asking the caller direct, simple questions or give them direct and simple commands that will assist in helping the caller focus.
▪Emphasize importance of asking about command voices for officer safety, the caller's safety, and any other individuals that may be near or with the caller.
▪**Activity/Role Play**: Ask for two volunteers, one will be the caller the other will be the operator. Demonstrate loss of reality caller.



Slide 17-Loss Model: Loss of Reality (continued)

Role Play: A 32 year old female calls to advise that she sees her deceased older brother sitting on the edge of her bed. She goes on to say that he died when they were in grade school after a tragic house fire. He was playing with matches at the time and now he is telling her to start a fire in her current home so that they can be together. She then starts rambling about being late for work and that she could potentially lose her job. When asked whether or not she is home alone, she states that her 3 year old twins are asleep and that her husband has already left for work. As she is asked additional questions, the female discloses that she needs to buy some spinach for dinner and get to the ticket office to get 'Disney on Ice' tickets for her kids. The caller interjects that her brother is getting agitated because she won't start the fire. She said she is complying with his wishes, states she has started the fire and has left her bedroom. She states she smells smoke and is going to grab her kids. A few seconds later, the next voice on the line is a healthcare professional at the facility where the caller is currently living at.

Debrief role play: What went well? What could have been done differently?



Slide 18-Loss Model: Loss of Reality

▪Show Mindstorm video.

▪**Activity**: **Give participants questionnaire to answer while watching video.**

1) What were the signs of delusion?
2) What were the signs of hallucinations?
3) What were the safety issues?
4) What are the challenges when interacting with this type of disorder?

▪Debrief video, get feedback using questionnaire.

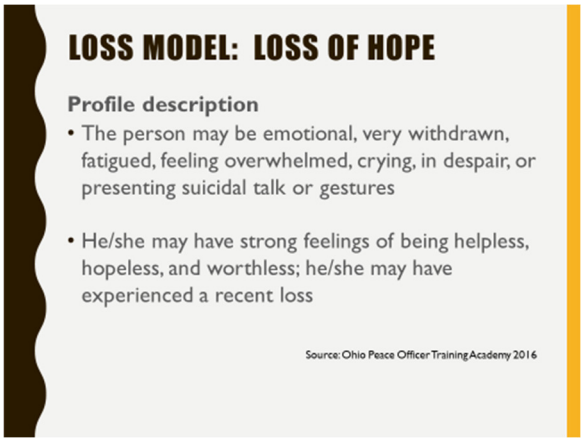
Slide 19-Loss Model: Loss of Hope

Introduce the Loss of Hope profile.

▪State each of the characterstics listed on the slide.

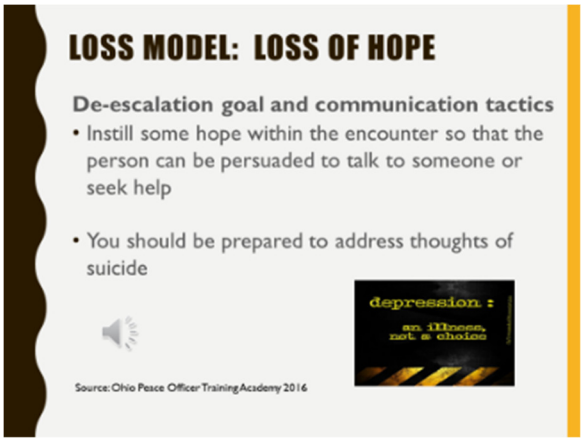
▪Ask participants: What does this look like to them as far as diagnosis?

Anticipated response(s):depression



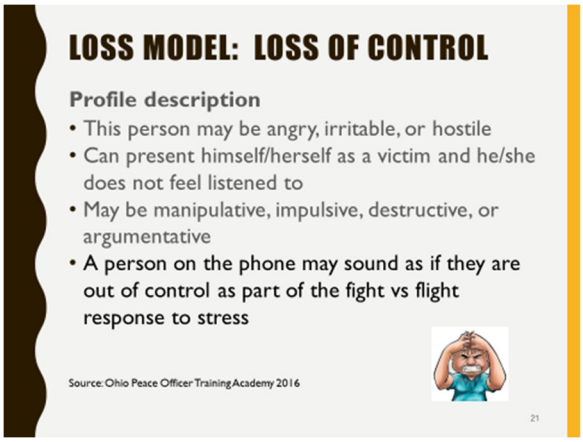
Slide 20-Loss Model: Loss of Hope

▪State de-escalation techniques.
▪The key is to instill hope and let the person know there is help available.
▪Be prepared to address thoughts of suicide. How to handle suicide callers will be addressed later in the training.
▪Instructor emphasize need for caller to be patient, to demonstrate empathy and concern through their tone of voice. Again reiterating help is available.
Activity: Play listening tape.
▪**Debrief listening tape**: What went well? What they would have done differently?
(Loss of hope role play will be done later with suicide caller section)



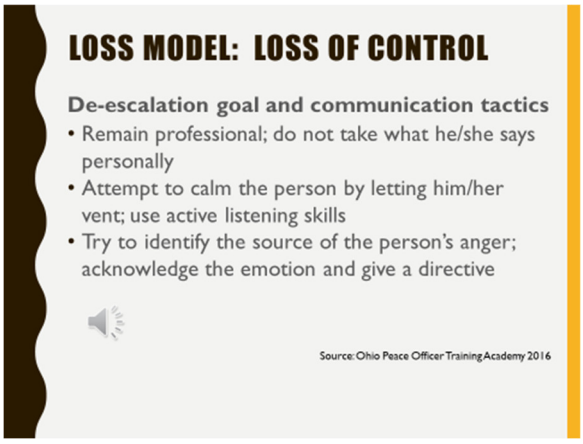
Slide 21-Loss Model: Loss of Control

Introduce the Loss of Control profile.
▪State each of the characterstics listed on the slide.
▪Ask participants: What does this look like to them as far as diagnosis?
Anticipated response(s):bipolar disorder, borderline personality disorder



Slide 22-Loss Model: Loss of Control

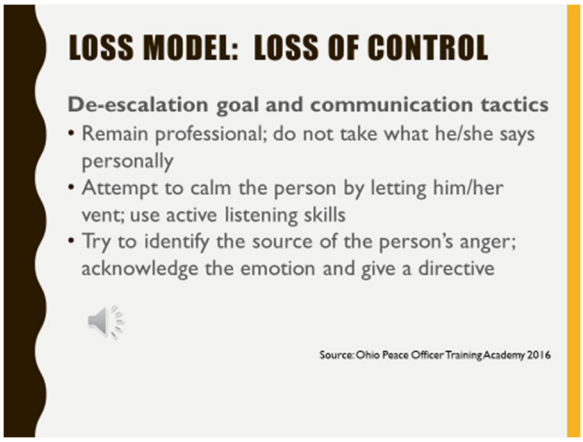
▪State the de-escalation techniques.
▪Reminder to remain professional, do not take it personal. Caller is looking for someone to hear them out.
▪Goal is to remain calm and monitor tone and have caller mirror operator's behavior and tone.
▪Determine the source of the caller's anger/frustration and let them know how and what you can help them with.
▪Attempt to focus and redirect the caller.
Activity: Play listening tape.
▪**Debrief listening tape**: What went well? What they would have done differently?
Activity/Role Play: Ask for two volunteers, one will be the caller the other will be the operator. Demonstrate loss of control caller.



Slide 22-Loss Model: Loss of Control (continued)

Role Play: A male caller has contacted his local police department to complain about the incessant noise disturbances that he has been having to report. He is extremely upset and feels that his quality of life has been infringed upon and that the police are doing nothing to stop this activity. He feels that the more he calls about the situation, the more the police ignore his requests to speak to his neighbors. The male is threatening to take all of his complaints to the local media despite the telecommunicator's efforts to assure him that police will handle the situation. The caller is not allowing the telecommunicator an opportunity to get a word in and has become verbally abusive.

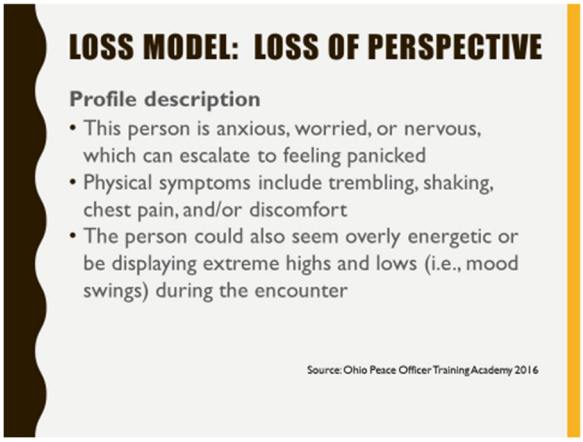
Debrief role play: What went well? What could have been done differently?



Slide 23-Loss Model: Loss of Perspective

▪Introduce the Loss of Perspective profile.
▪State each of the characteristics listed on the slide.
▪Ask participants: What does this look like to them as far as diagnosis?

Anticipated response(s):anxiety, PTSD, obsessive compulsive disorder



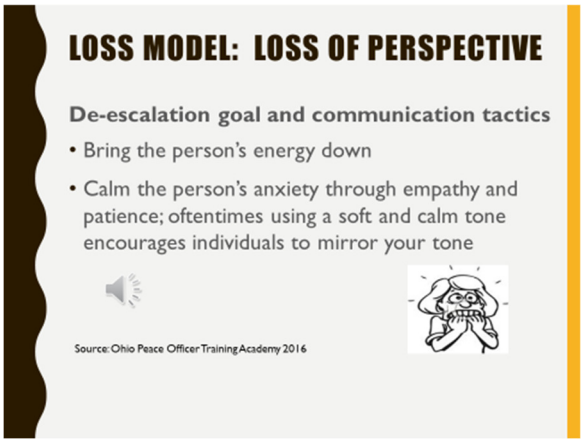
Slide 24-Loss Model: Loss of Perspective

▪State de-escalation techniques.
▪Goal is to bring person's energy down.
▪Calm the person's anxiety through empathy and patience. Be mindful of your tone.
▪Avoid saying "calm down". Will escalate the situation or make caller more anxious.

Activity: Play listening tape.

▪**Debrief listening tape**: What went well? What they would have done differently?

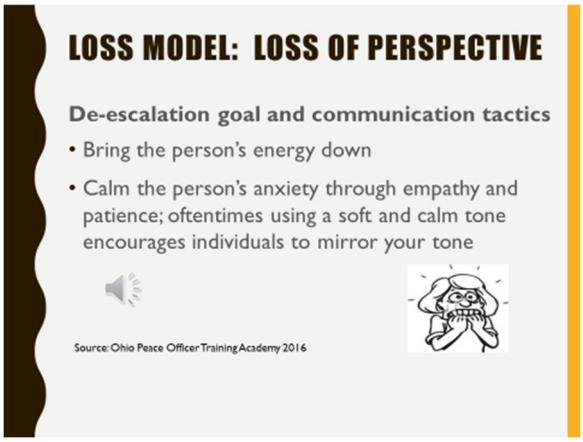
Activity/Role Play: Ask for two volunteers, one will be the caller the other will be the operator. Demonstrate loss of perspective caller.



Slide 24-Loss Model: Loss of Perspective (cont'd)

Role Play: A middle-aged African American male calls to say that the police are following him and he needs to get away. He is currently hiding in an alley and when asked if did anything for the police to be looking for him, he denies such happenings. The telecommunicator has looked at the city's active events and sees that there was a bank robbery in the immediate vicinity of the caller. The caller now advises that he feels like he is about to have a heart attack and is starting to hyperventilate. At this point, the telecommunicator asks the male for his description to see if it matches that of the suspect that the police are looking for. (The suspect is a 19 year old white male). There is a totally opposite description of the suspect. The telecommunicator tries to advise the caller of this and that the police are in the area for something else…he is not listening. The caller is advised that an ambulance is being sent his way to check him out; he is now laughing and tells the telecommunicator that they are overreacting. He states that he just wants to talk to the police about following him for no reason and that he really likes police officers in general. He just wants a friendly officer to come and tell him that he is not the reason that they are in the area and once they do that, he will be on his merry way.

Debrief role play: What went well? What could have been done differently?



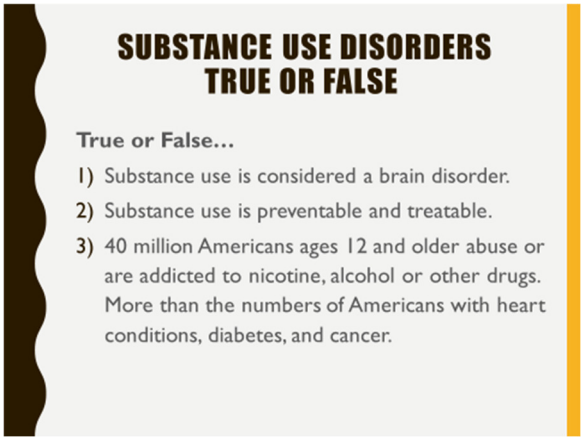
Slide 25-Substance Use Disorders
True or False

▪Introduce topic of substance use disorder with 3 true/false questions.
▪Read the questions from the slide-answers found in the notes section of PowerPoint.

Slide Notes: Introduce topic of substance use disorder with following short true/false quiz

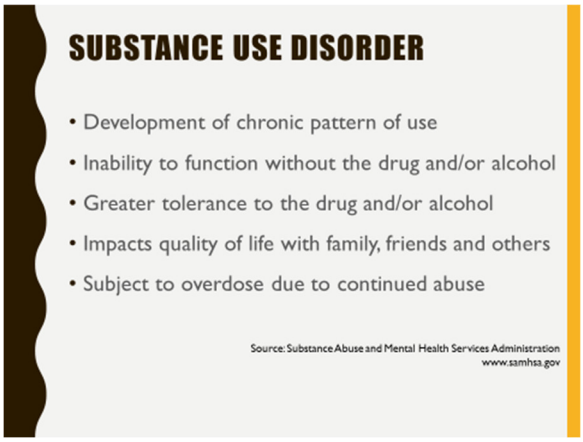
Answers:

1) True
2) True
3) True – statistic obtained from National Institute of Health



Slide 26-Substance Use Disorder

▪State substance use disorder facts, per samhsa.gov
▪Ask participants: What types of calls do they get related to substance use disorders?
Anticipated response(s): to get help/treatment, resources



Slide 27-Dual Disorders

▪Explain what dual disorder is.
▪Callers can have mental illness plus SUD, DD or all of the above
▪State it is difficult to determine which came first.
▪Discuss how one illness can impact and/or exacerbate the other.
▪Discuss prevalence statistic on slide from nami.org.
▪Give hand-out titled **who is affected?** From NIH.

Slide 28-Children's Mental Health
True or False

▪Introduce topic of children's mental health with 3 true/false questions.
▪Read the questions from the slide-answers found in the notes section of PowerPoint.
Slide Notes:Introduce topic of children's mental health with following short true/false quiz
Answers:

1) False – answer is 20% of youth ages 13-18 live with mental health condition
2) True
3) True

Slide 29-What to People want when calling about children?

▪*Ask participants what do people want when they call 911 about children?*

Anticipated response(s): take them to the hospital

▪Children in crisis-What types of crisis are they calling about?

Anticipated response(s): child acting out, combative

▪Mental health issues-What types of mental health issues are they calling about?

Anticipated response(s): depression, anxiety

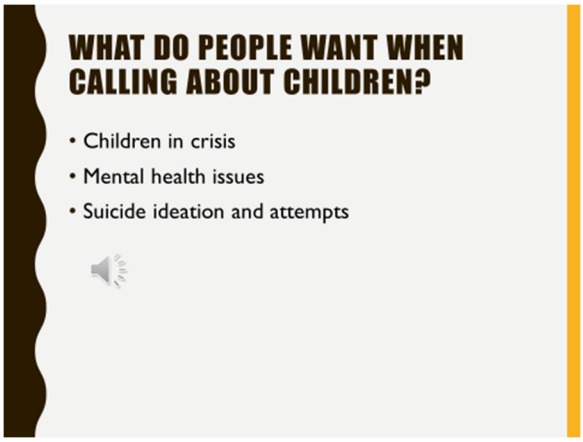
▪Suicide ideation and attempts

Anticipated response(s): cutting themselves, pills

Activity: Play listening tape.

▪**Debrief listening tape**: What went well? What they would have done differently?

▪Give hand-outs related to **suicide ideation and attempts and depressive symptoms** of youth in Cuyahoga County.



Slide 30-Children's Mental Health Issues

▪State children's mental health issues statistics, per nami.org.

▪Refer to hand-out titled **Mental Health Facts Children & Teens** from nami.org (found on the back of Mental Health Facts in America handed out with slide 10)

Slide 31-Communication and Active Listening: Game of the Telephone

Activity: Explain to the group that you will playing the game of telephone and will need four volunteers. **(Be sure activity is done outside of the training room where the other participants can't hear what is going on).**

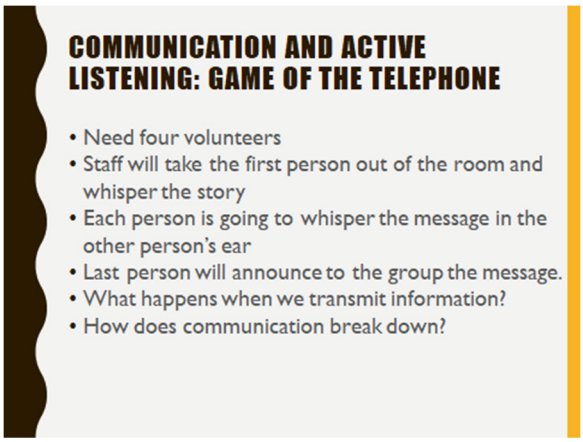
▪Facilitator will have a story to share with the first volunteer. The first volunteer will share the story with the next volunteer until the story is shared with all four volunteers.

▪Each time the story is told, facilitator should decrease time given.

▪The fourth volunteer shares the story with the group.

▪Share the original story with the whole group.

Ask participants what happens when we transmit information? How does communication break down? How does this relate to their role as dispatchers?

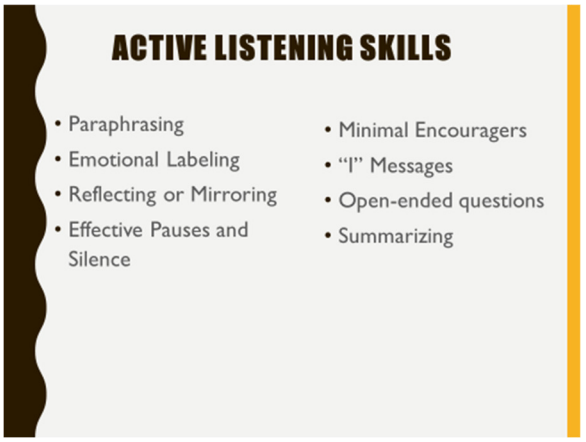


Slide 32-What is Active Listening?

▪Introduce active listening.
▪Ask participants what active listening means to them before sharing/reading the definition.
Anticipated response(s): truly understanding, being empathetic
▪Key points related to active listening: paying attention, asking open-ended questions, focusing on what is being said, what they hear, understanding what is being said, being empathetic.

Slide 33-Active Listening Skills

▪State there are 8 active listening skills.
▪Remind participants these are learned skills and take practice. It involves focus, concentration, and patience.
▪**Acknowledge that this information is not new to them but a refresher to sharpen and enhance their skill set.**
▪The goal of active listening is to **demonstrate understanding** and that you empathize with the other person.
▪List each skill individually and state each concept will be discussed in further detail.



Slide 34-Active Listening Skills

▪This slide reviews paraphrasing and emotional labeling – discuss each skill, define and give examples.
▪**Paraphrasing**: Restating the speaker's statement in your own words. Paraphrasing tells the speaker that this is what you interpreted their message to be and you are confirming this with them. It demonstrates you're listening and attentive. If listener misunderstands, it allows for clarification.
▪Examples of paraphrasing include: *"What I'm hearing is…", "Sounds like you're saying…", and "If I'm hearing you correctly…"*
▪**Emotional Labeling:** Statement of emotions heard. Listener is interpreting and validating the speaker's emotions. They are also confirming they interpreted their emotions correctly.
▪Examples of emotional labeling include: *"You sound angry…", "You seem hurt…", "You sound frustrated…"*

Slide 35-Active Listening Skills

▪This slide reviews reflecting or mirroring – discuss skill, define and give examples.

▪**Reflecting or Mirroring**: Repeat back the speaker's last few words. Again, reflects their feelings, demonstrates understanding.

▪Examples of reflecting or mirroring include: **Speaker**: *"She doesn't pay attention to what I say to her and it makes me angry."*
You: *"It makes you angry."*

Slide 36-Active Listening Skills

▪This slide reviews effective pauses and silence – discuss skill, define and give examples.

▪**Effective Pauses and Silence:** Discuss how we tend to find silence uncomfortable but it does serve a purpose in some cases. The speaker may be gathering their thoughts, they may pause because the topic is difficult or painful to discuss. It's okay to pause and be silent before jumping in to respond or comment.

▪Emphasize that we don't need to be talking all the time. Introduce **WAIT-Why Am I Talking.** Keeping this in mind slows things down.

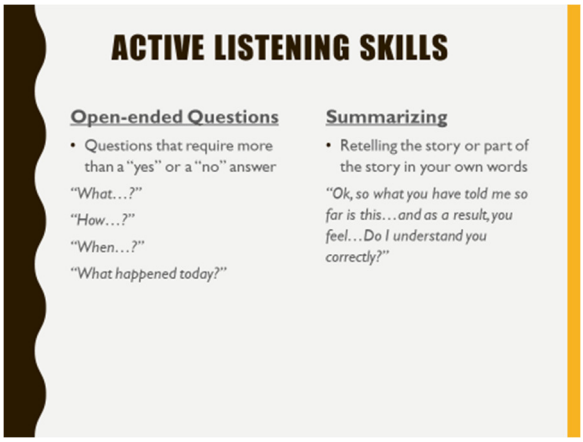
▪This skill also demonstrates to the listener that you aren't trying to rush them and respectful of their feelings. Key here is patience.

▪"WAIT" acronym from Janine Diver (http://www.lyintamer.com/) as referenced in article: *Eight Ways Police Can Improve Their Active Listening Skills* by Tim Hardiman.

Slide 37-Active Listening Skills

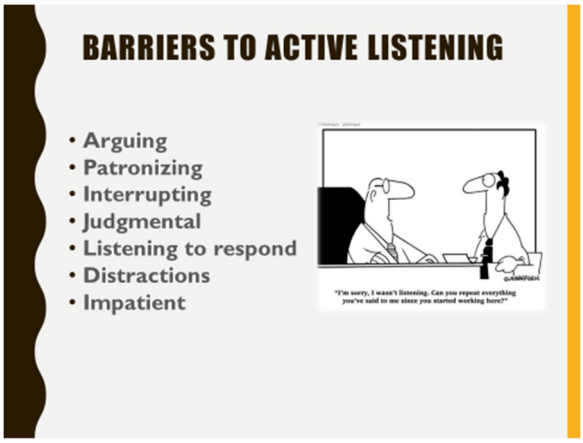
▪This slide reviews minimal encouragers and "I" messages - discuss each skill, define and give examples.
▪**Minimal Encouragers:** Demonstrates you're with the speaker, you're listening and attentive. It lets the speaker know you are engaged without interrupting. It can be verbal or non-verbal.
▪Examples of minimal encouragers include: "Uh-huh", "Yeah…", "Really? "OH?" Non-verbal examples can include nodding or using a hand gesture to encourage speaker to continue.
▪Be mindful of overuse of minimal encouragers. Sometimes people overuse to show they are listening when they really aren't.
▪**"I" messages:** I statement puts ownership on the listener – assign feelings to yourself not the speaker. Otherwise, may cause defensiveness. For example, "You're angry" sounds confrontational where "It sounds to me like you're angry" suggests this is your interpretation but it's not stating the speaker feels this way.

Slide 38-Active Listening Skills



▪This slide reviews open-ended questions and summarizing – discuss each skill, define and give examples.
▪**Open-ended questions**: Allows the speaker to elaborate and helps the listener obtain more information with hopes of gaining better understanding. Requires more than a yes/no answer.
▪Examples of open-ended questions include: *"What…?", "How…?", "When…?", "What happened today?"*
▪**Summarizing:** Retelling the story or parts of the story. It lets the speaker know what you've heard, encourages them to correct, clarify or add. Again, demonstrates understanding and hopefully that you're on the same page.
Activity/Role Play: Ask for two volunteers, one will be the caller the other will be the operator. Demonstrate third party caller.
Role Play: Rite Aid cashier calls 911 stating mother and son arguing in the store. States they are being disruptive. States man is "out of control", yelling at mom and demanding his beer. States male is very agitated and keeps repeating he wants his beer as he paces back and forth.
Debrief role play. What went well? What could have been done differently?

Slide 39-Barriers to Active Listening



▪There are barriers to active listening and we must be mindful of those pitfalls. Review barriers and how they negatively impact active listening.
▪Barriers may include: arguing, patronizing, interrupting, judgmental, listening to respond, distractions, and impatient.
▪**Arguing and patronizing** may escalate the situation instead of diffusing it. Does not reflect one is truly listening, does not promote trust.
▪**Interrupting, listening to respond and impatient** can demonstrate that you're rushing the listener and/or disinterested or that you're not trying to see things from their perspective.
▪**Judgmental** may reflect a bias or stereotype one has. Be mindful of your triggers and realize it's not about agreeing with the person but understanding their point of view. Remember to be empathic.
▪Try to avoid distractions, can be difficult as sometimes this is out of our control. However, try to focus solely on the speaker. This takes practice.
▪Emphasize that they will need to rely on the caller's voice intonation instead of their body language/non-verbal cues (i.e. do they sound excited, scared, upset, angry, disoriented, etc.)

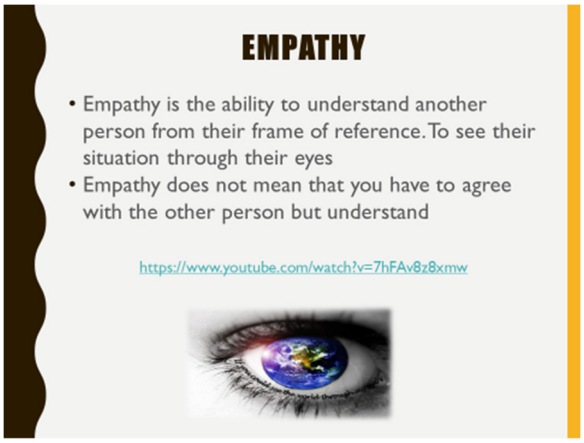
Slide 40-Tone

Activity: Show video and get reactions.
▪Discuss the importance of tone and how one says something can change the meaning and how it is interpreted. **Your tone can be helpful or it can be hurtful. It can dictate the direction of the call/interaction (escalate or de-escalate)**
Slide Note: **Tone Setting**: Obtain complete information, be matter of fact, provide accurate information, avoid negative statements, don't be apologetic or reluctant, be aware of your tone.

Slide 41-Empathy

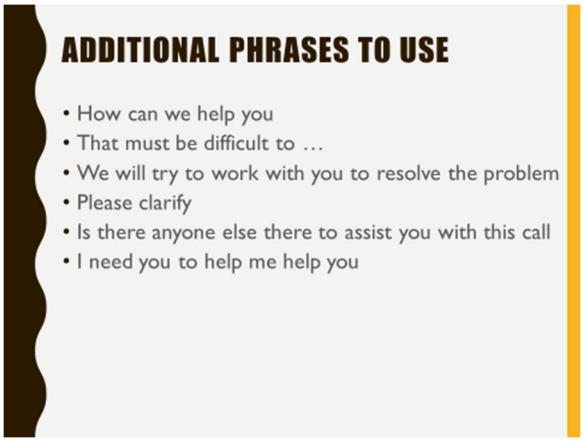
Activity: Show video and get reactions.

- Review empathy again and the importance in active listening.
- Emphasize that empathizing with someone does not mean that you agree with that person but understand their perspective of their situation/crisis.



Slide 42-Additional Phrases to Use

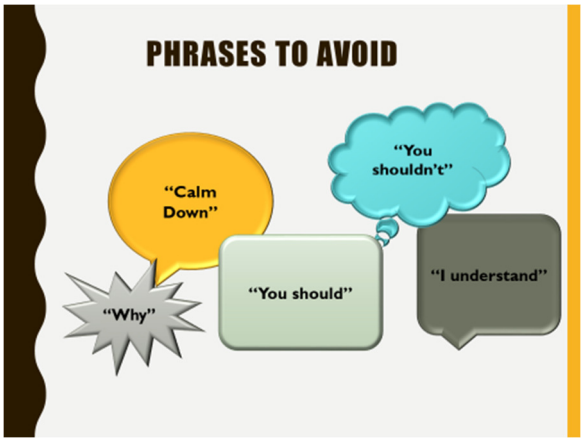
- State additional phrases that can be used during a call to demonstrate active listening.
- Ask participants for other suggestions.
- What has worked for them?



Slide 43-Phrases to Avoid

- Calm down = advice giving statement, creates feeling of being "put down". May escalate the person especially if they are anxious
- You should or shouldn't = judgmental, advice giving
- I understand = used to silence people, you may not completely understand their experience. You can demonstrate understanding/empathy
- Why = accusatory, creates defensiveness

All of these phrases damage rapport.

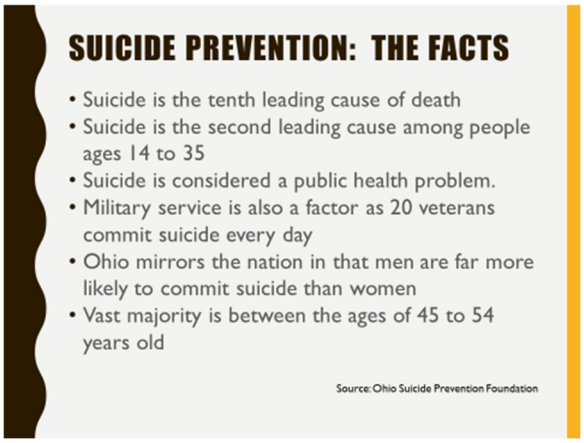


Slides 44-45 Suicide Prevention

- Introduction to suicide calls and prevention.
- Acknowledge a large volume of their calls is probably from suicidal callers.
- Give hand-out from Ohio Suicide Prevention Foundation. Review statistics.
- Ask participants to share their experiences with suicide callers.

Anticipated response(s): overdoses, cutting themselves

What strategies have worked for them?



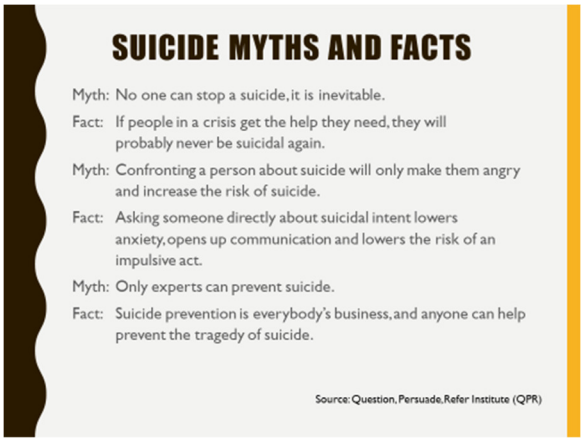
Slides 46-47 Suicide Myths and Facts

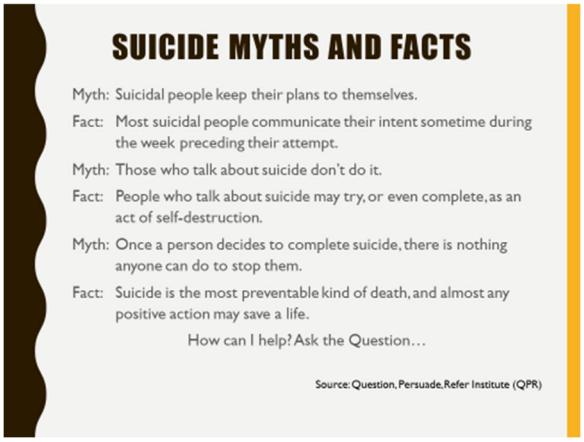
- Discuss myths and facts related to suicide in slides 46-47.
- This is taken from the QPR Institute as referenced in the slide.
- Ask what other suicide myths might people have? What myths can they identify with or were taught when they were younger?

Anticipated response(s): it's a sin, sign of weakness, they were selfish

How do these myths impact how we view suicide and deliver services to people?

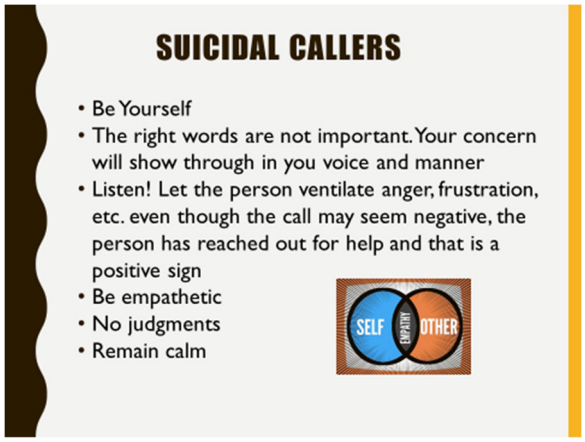
Anticipated response(s): may not be as empathetic depending upon your perspective





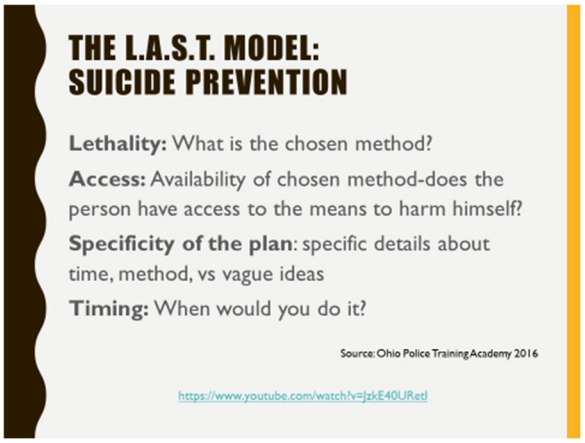
Slide 48-Suicidal Callers

▪State tips when handling suicidal callers listed on the slide.
▪Ask participants what has worked for them.



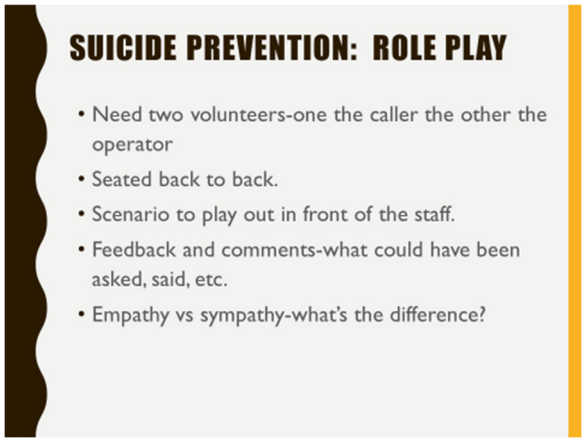
Slide 49-The L.A.S.T. Model for Suicide Prevention

▪Emphasize the importance for assessing imminent danger. Is the person having suicidal thoughts or do they have a means and a plan?
▪**Lethality**-what is chosen method? (I.e. weapons, pills, etc.)
▪**Access**-availability of chosen method to harm himself/herself (i.e. gun in house)
▪**Specificity** of the plan-do they have an actual step by step plan of how they would carry out the act vs. vague ideas?
▪**Timing**-when would they do it? (I.e. when everyone has gone to work, school, etc.)
Activity: Play video of suicidal veteran here. Debrief video-get feedback.

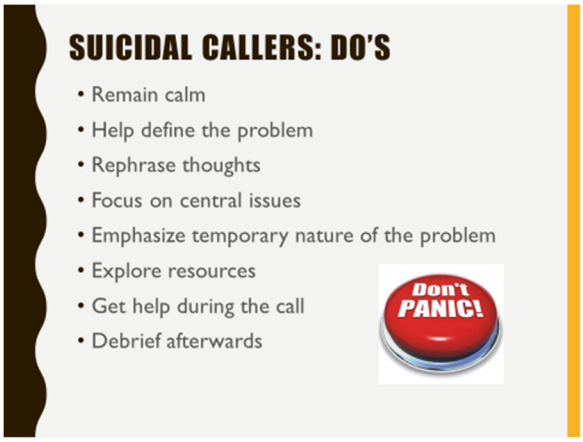


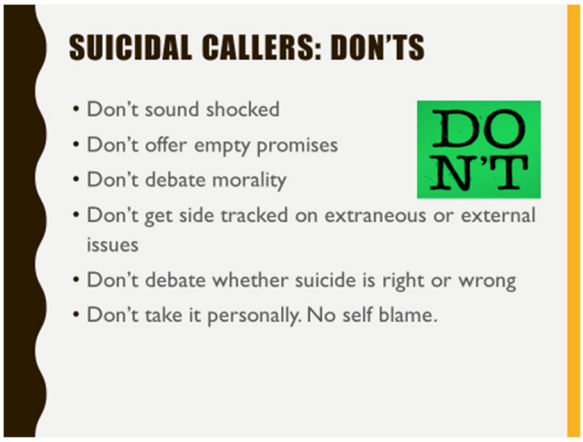
Slide 50-Suicide Prevention: Role Play

▪**Activity/Role Play**: Ask for two volunteers to role play a suicidal caller. One will be the caller the other the operator.
Role Play: Amanda is 30 years old and has severe depression. She calls 911 crying and upset. Her mother died 2 weeks ago from cancer and her boyfriend told her he wants to break up with her. She is distraught and says she has nothing to live for. She tells the operator she has her mother's pain pills and a bottle of liquor so she can end it all.
Debrief role play. What went well? What could have been done differently?



Slides 51-52 Suicidal Callers: Do's and Don'ts
- Review do's and don'ts when handling suicidal callers.
- Summarize what has been discussed.



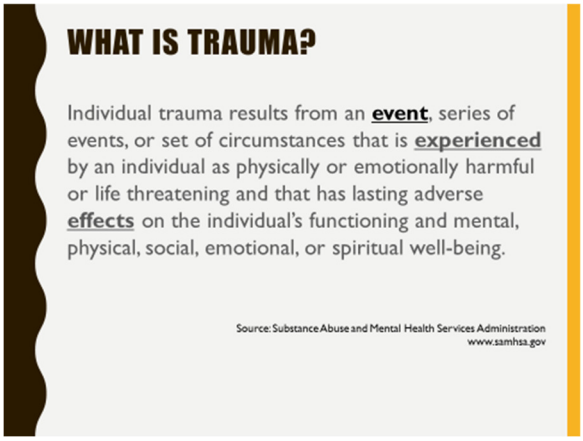


Slide 53-What is Trauma?
- Introduction to trauma.
- Ask participants how they define trauma?

What does it mean to them?

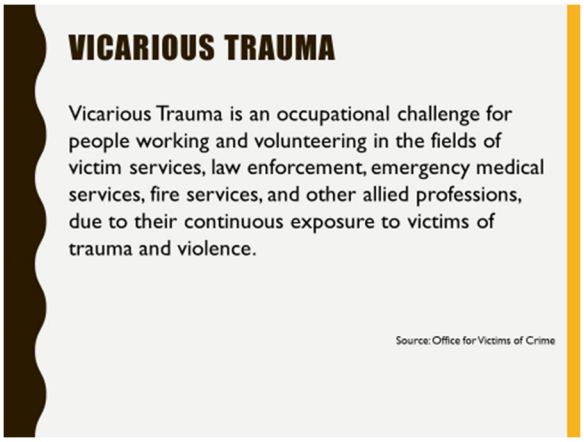
Anticipated response(s): something bad that's happened to a person i.e. physical/sexual abuse, assault, witnessing a crime, natural disaster, etc.

- Review definition.



Slide 54-Vicarious Trauma

▪Define vicarious trauma and explain how this can impact them due to the nature of their job (i.e. the calls they receive, their repeated exposure, etc.)
▪It is important to acknowledge and recognize vicarious trauma because it can impact how they do their job as well as their personal life. (Increase stress, poor health/health habits, affect relationships, become apathetic at work/home)

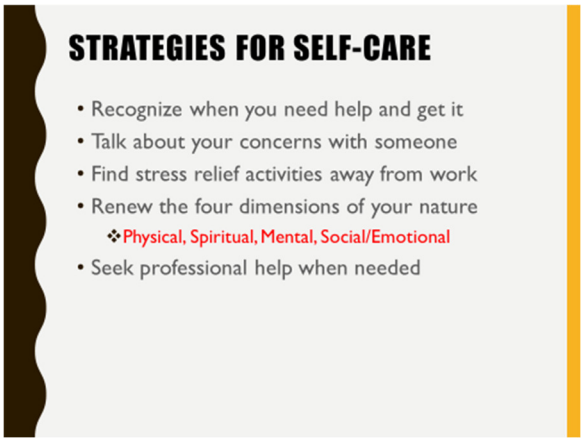


Slide 55-Self-Care…What is it?

▪Define Self-Care.
▪Ask group what self-care means to them.
Anticipated response(s): taking care of yourself mentally and physically
▪Share examples.

Slide 56-Strategies for Self-Care

▪Discuss strategies for self-care.
▪Review the four dimensions of your nature and give examples of each:
Physical: exercise/being active (can mean many things for different people), getting enough sleep/rest, nutrition, healthcare **Spiritual**: may mean different things for people- it's a very private part of a person's life; religious, being one with nature, meditation, immersion into great literature or music **Mental**: can include anything that engages the mind, continuing education personal and professional, writing (poetry, music, stories, etc. **Social/Emotional**: taking time for relationships (family, friends, etc.), service and leadership
▪Ask group to share if they participate in any of the activities listed above or identify other strategies that may be helpful.
▪Emphasize last bullet point that it is okay to seek professional help when needed.

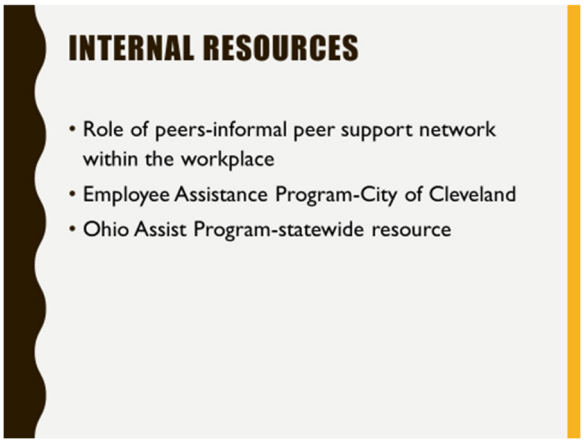


Slide 57-Self-Care Image

- Explain to group that this is a visual image of strategies for self-care.
- Each individual should find what works for them.

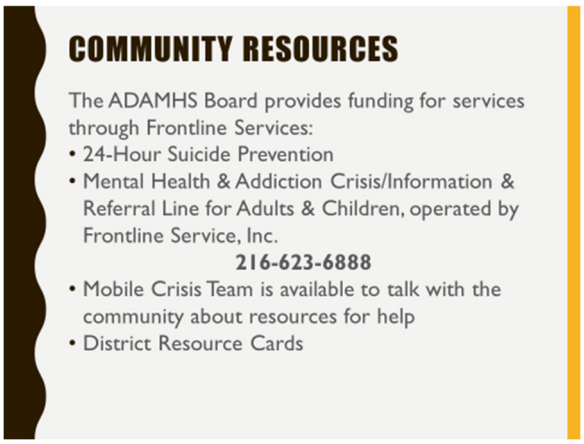
Slide 58-Internal Resources

- Review internal resources available to staff for self-care.



Slide 59-Community Resources

- Review community resources available for people in crisis.
- Introduce and distribute District Resource Cards.



Slide 60-Summary

▪Summarize objectives and review topics covered during the session.
▪Allow for final questions/comments.